Н	larvard Small G	roup Plans- 20:	15										
	Harvard Pilgrim Health Care Inc.												
	HMO Products												
Plan ID	HSA HMO 3500	HSA HMO 4000	HSA HMO 5000	HSA HMO 6100	Harvard Pilgrim Simplicity HMO 100	Harvard Pilgrim HMO Copayment 2000	Harvard Pilgrim HMO Copayment 2000 (Low Rx)	Ded Tiered Copay HMO 2500	DED TIERED COPAY HMO 2500 (Low Rx)	DED TIERED COPAY HMO 3000	Ded Tiered Copay HMO 3000 (Low Rx)	HSA HMO 2500	Ded Tiered Copay HMO 1500
Metal Level	Bronze	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold
Medical Deductible	\$3,500	\$4,000	\$5,000	\$6,100	\$100	\$2,000	\$2,000	\$2,500	\$2,500	\$3,000	\$3,000	\$2,500	\$1,500
Coinsurance Member's Share	30%	20%	20%	0% Plan Has Copays	50%	0% Plan Has Copays	0% Plan Has Copays	30%	30%	30%	30%	10%	20%
Drug Deductible	\$0	\$0	\$0	\$0	\$0	\$0	\$250 to Tiers 3, 4 & 5	\$0	\$250 to Tiers 4 & 5	\$0	\$250 to Tiers 4 & 5	\$0	\$0
OOP Max	\$6,450	\$6,450	\$6,450	\$6,300	\$6,000	\$6,000	\$6,000	\$5,500	\$5,500	\$6,000	\$6,000	\$4,000	\$3,000
Child Dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Base Rate Factor	\$206.12	\$198.84	\$178.92	\$171.34	\$303.21	\$276.16	\$266.02	\$281.45	\$274.08	\$272.43	\$265.01	\$257.01	\$340.41

	HPHC Insurance Company													
	PPO Products													
Plan ID	HSA PPO 3500	HSA PPO 4000	HSA PPO 5000	Harvard Pilgrim PPO Copayment 2000	Harvard Pilgrim PPO Copayment 2000 (Low Rx)	CORE COVERAGE PPO	CORE COVERAGE PPO (Low Rx)	DED TIERED COPAY PPO 2500	DED TIERED COPAY PPO 2500 (Low Rx)	HSA PPO 2500	DED TIERED COPAY PPO 3000	DED TIERED COPAY PPO 3000 (Low Rx)	Harvard Pilgrim Simplicity PPO 100	Ded Tiered Copay PPO 1500
Metal Level	Bronze	Bronze	Bronze	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Silver	Gold
Medical Deductible	\$3,500	\$4,000	\$5,000	\$2,000	\$2,000	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500	\$3,000	\$3,000	\$100	\$1,500
Coinsurance Member's Share	30%	20%	20%	20%	20%	20%	20%	30%	30%	10%	30%	30%	50%	20%
Drug Deductible	\$0	\$0	\$0	\$0	\$250 on Tiers 3, 4 & 5	\$0	\$250 on Tiers 4 & 5	\$0	\$250 on Tiers 4 & 5	\$0	\$0	\$250 on Tiers 4 & 5	\$0	\$0
OOP Max	\$6,450	\$6,450	\$6,450	\$6,000	\$6,000	\$5,500	\$5,500	\$5,500	\$5,500	\$4,000	\$6,000	\$6,000	\$6,000	\$3,000
Child Dental	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Plan Base Rate Factor	\$219.27	\$213.39	\$192.27	\$298.77	\$289.95	\$292.76	\$284.75	\$301.46	\$293.40	\$270.72	\$290.28	\$282.15	\$327.00	\$366.15

^{*}Plans may have different copayments on certain services and prescription drugs. Please check the schedule of benefits available from the carrier. Maine Bureau of Insurance 09/15/2014

Harvard Small Group Plan Factors 2015

Tobacco Factors				
Harvard	None			
HPHC	None			

Area Factors	Harvard	HPHC		
1	0.95	0.95		
2	1.035	1.035		
3	1.055	1.055		
4	1.35	1.35		

Quarterly Trend	Harvard Trend	HPHC Trend		
Quarterly Heriu	Hai vai u Heliu	HELIC HELIC		
1st Quarter	1.00000	1.00000		
2nd Quarter	1.01860	1.01860		
3rd Quarter	1.03630	1.03640		
4th Quarter	1.05830	1.05840		

Area	Counties					
1	Cumberland	Sagadahoc	York			
2	Knox	Kennebec	Lincoln	Oxford		
3	Androscoggin	Waldo	Franklin	Penobscot	Somerset	Piscataquis
4	Hancock	Aroostook	Washington			

Monthly Premium =(Plan Base Rate Factor*Trend Factor*Area Factor*Age Factor*Tobacco Factor)

^{*}Rates may be slightly off due to rounding. Please contact the carrier to receive an exact quote.

Maine Bureau of Insurance 7/2/2014

Age F	actors
0-20	
21-24	1.000
25	1.004
26	1.024
27	1.048
28	1.048
29	1.119
30	
31	1.135 1.159
32	1.133
33	1.198
34	1.214
35	1.222
36	1.230
37	1.238
38	1.246
39	1.262
40	1.278
41	1.302
42	1.325
43	1.357
44	1.397
45	1.444
46	1.500
47	1.563
48	1.635
49	1.706
50	1.786
51	1.865
52	1.952
53	2.040
54	2.135
55	2.230
56	2.333
57	2.437
58	2.548
59	2.603
60	2.714
61	2.810
62	2.873
63	2.952
64 +	3.000
L	2.200